PTO/SB/06 (07-06)

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/526,735 | | | ling Date 04/2005 | To be Mailed | |
|--|---|---|------------------------------------|---|---|---|--|------------------------|----------|-------------------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY | | | OTHER THAN OR SMALL ENTITY | | |
| Н | FOR | T N | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | FEE (\$) | <u> </u> | RATE (\$) | FEE (\$) | |
| | BASIC FEE (37 CFR 1.16(a), (b), | | N/A | | N/A | | N/A | (0) | 1 | N/A | | |
| | SEARCH FEE (37 CFR 1.16(k), (i), | | N/A | | N/A | | N/A | | 1 | N/A | | |
| | EXAMINATION FE | E | N/A | | N/A | | N/A | | 1 | N/A | | |
| | FAL CLAIMS CFR 1.16(i)) | | minus 20 = | | | | x \$ = | | OR | x s = | | |
| INE | EPENDENT CLAIM CFR 1,16(h)) | IS . | minus 3 = | | | | x \$ = | | 1 | x s = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addit | ts of pap 50 (\$125 ional 50 | er, the applica for small enti sheets or frac | wings exceed 100 ation size fee due ity) for each tion thereof. See 37 CFR 1.16(s). | | | | | | | |
| | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | 1 | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | TOTAL | |] | TOTAL | | |
| APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | L ENTITY | OR | | ER THAN ALL ENTITY | |
| AMENDMENT | 05/23/2008 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSL PAID FOR | PRESENT Y EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.18()) | · 17 | Minus | 20 | = 0 | 1 | x \$ = | | OR | X \$50= | 0 | |
| | Independent (37 CFR 1.16(h)) | • 3 | Minus | 3 | = 0 | 1 | x \$ = | | OR | X \$210= | 0 | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | |
| _ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSL PAID FOR | Y EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1,16(i)) | | Minus | ** | = |] | x \$ = | | OR | x s = | | |
| Μ | Independent (37 CFR 1,16(h)) | | Minus | *** | = |] | x \$ = | | OR | x s = | | |
| Ä | Application Size Fee (37 CFR 1.16(s)) | | | | | ı | | | 1 | | | |
| ΑM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | |
| ** II *** The | "If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid Fo" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid Fo" IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid Fo" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid Fo" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid Fo" IN THIS SPACE is less than 5, enter "3". The "Highest Number Previously Paid Fo" IN THIS SPACE is less than 5, enter "3". | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USF) process) an application. Confidentiality is ownered by \$8 USF. 1.28 and \$3 CFR 1.14. This collection is estimated to be 12 minutes to complete, including gathering preparing, and submitting the completed application form to the USFIO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segelections for reducing this burdon, should be sent to the Child reflorated information Office. U.S. Patents and Trademark Office, U.S. Department of Commons. P.O. Box 1450, Aboxandria, VA 2213-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIENCES SEND TO: Commissioner for Patents, P.O. Box 1450, Missandria, VA 2213-1450.